

**Application for Clinical Pastoral Education  
Tri-Cities Chaplaincy**

**Association for Clinical Pastoral  
Education, Inc.**

Application for:

\_\_\_\_\_ July-December Extended

\_\_\_\_\_ January – June Extended

\_\_\_\_\_ October – May Extended

Earliest date you can begin: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City/State/Zip Code

Permanent Address (if different from mailing address):

\_\_\_\_\_ Address City/State/Zip Code

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Denomination/Faith Group Affiliation: \_\_\_\_\_

Association, Conference, Diocese, Presbytery, Synod: \_\_\_\_\_

Present Position: \_\_\_\_\_ Ordained?: \_\_\_\_\_ Date: \_\_\_\_\_

**EDUCATION:**

Degree/Date

College: \_\_\_\_\_

Seminary: \_\_\_\_\_

Graduate Study: \_\_\_\_\_

**PREVIOUS CLINICAL PASTORAL EDUCATION:**

Dates

Center

Supervisor

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES AND ADDRESSES:**

Denomination/Faith Group: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_  
Address City/State/Zip Code

Academic: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_  
Address City/State/Zip Code

Other: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_  
Address City/State/Zip Code

**ATTACH TO APPLICATION:**

1. A reasonably full account of your life, including important events, relationships with people who have been significant to you, and the impact these events and relationships have had on your development. Describe your family of origin, your current family relationships and your educational growth dynamics.
2. A description of the development of your spiritual / religious life, including events and relationships that affected your faith and currently inform your belief systems.
3. A description of the development of your work (vocation) history, including a chronological list of positions and dates.
4. An account of an incident in which you were called to help someone, including the nature of the request, your assessment of the "problem," what you did, and a summary evaluation. If you have had previous CPE, include this information in verbatim form.
5. Your impression of Clinical Pastoral Education and your educational goals, including how this training will be used to meet your goals for doing ministry.
6. Please tell us where you heard about the CPE program at Tri-Cities Chaplaincy.
7. Admissions Interview: If you are not being interviewed at the center to which you are applying, you will need to obtain an admissions interview summary prepared by an ACPE supervisor or another person satisfactory to the center to which you are applying. If the written summary is not yet available, please indicate the following:

Admissions Interview Conducted by: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Date Interviewed: \_\_\_\_\_

**THOSE WITH PREVIOUS CPE SHOULD COMPLETE THE FOLLOWING:**

8. Copies of previous CPE evaluations written by you and your supervisor.
9. What are your personal and professional goals and how will continued training aid that process?

**Signature of Applicant:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Date** \_\_\_\_\_

Please state how you heard about us. \_\_\_\_\_

**SEND THIS APPLICATION DIRECTLY TO:**

Rev. Wes McIntyre, Tri-Cities Chaplaincy, 2108 West Entiat, Kennewick, WA 99336  
(509) 783-7416